

OFFICIAL RECORD

Requested By:
ALLING & JILLSON

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0708 PG- 2117 RPTT: 0.00



APN: 1320-30-212-011

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

✓ ALLING & JILLSON, LTD.
Post Office Box 3390
Lake Tahoe NV 89449-3390

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NOTICE OF DEATH OF TRUSTEE

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COMES NOW DAVID EDWARD WRIGHT being first duly sworn deposes and says:

1. He is a Successor Trustee of The Wright Family Revocable Trust;
2. That Mary Howe Wright was the sole Trustee of The Wright Family Revocable Trust;
3. That Mary Howe Wright and William John Wright acquired title to the certain real property more particularly described as follows:

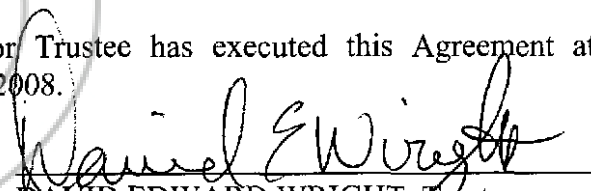
Lot 11, in Block A, as set forth on the Map of WESTWOOD PARK UNIT NO. 1, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 1, 1986, in Book 586, Page 70, as Document No. 134244.

Assessor's Parcel No.: 1320-30-212-011; and

4. That Mary Howe Wright executed a Notice of Death of Co-Trustee on April 22, 2004, which was recorded in the Official Records of Douglas County, Nevada, as Document No. 0611757, Book 0404, Page 14822.
5. That Mary Howe Wright died in Douglas County, Nevada, on or about June 25, 2008. The State of Nevada issued Death Certificate No. 2008010032, a redacted copy of which is attached.

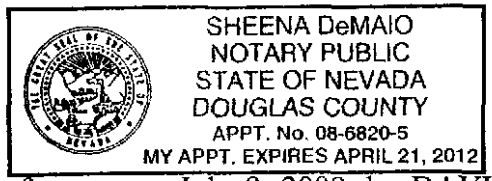
Pursuant to the trust instrument, now, therefore, be it known the undersigned is acting as sole Trustee of The Wright Family Revocable Trust.

IN WITNESS WHEREOF, the Successor Trustee has executed this Agreement at Douglas County, Nevada on this 8th day of July, 2008.



 DAVID EDWARD WRIGHT, Trustee

STATE OF NEVADA)
) ss.
 COUNTY OF DOUGLAS)



This instrument was acknowledged before me on July 8, 2008, by DAVID EDWARD WRIGHT.

DATED this 8th day of July, 2008.



 NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008010032
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mary E WRIGHT		2. DATE OF DEATH (Mo/Day/Year) June 25, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Residential Care Ctr. Inc.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 12, 1917		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 6859		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner / Beautician		14b. KIND OF BUSINESS OR INDUSTRY Hair Salon	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1189 Kimmerling Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) William HOWE			17. MOTHER - NAME (First Middle Last Suffix) Elizabeth KENNY		
18a. INFORMANT- NAME (Type or Print) Dave WRIGHT			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box #4, Zephyr Cove, Nevada 89448		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N. Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title): B BOTTENBERG D.O. SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) July 01, 2008		21c. HOUR OF DEATH -13:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) B Bottenberg D.O. 550 W Washington #1 Carson City, NV 89701				23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) RANI REED SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 02, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)): PART I (a) Lymphoma of the Head & Neck DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death Months Interval between onset and death Interval between onset and death Interval between onset and death	
PART II Dementia				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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BK- 0708
PG- 2119
07/14/2008

VRS-Rev.2008T

220417

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUL 02 2008**

Rani Reed
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PBNC0 (REV) 11/05

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

